MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED AFTER 1" AMENDMENT 2 ™AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>55</u> TOTAL IND TOTAL IND. TOTAL DEP TOTAL DEP TOTAL TOTAL

CLAIMS

U.S. DEPARTMENT of COMMERCE